

VIA ECFS

June 23, 2017

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Washington, D.C. 20554

RE: Hardy Telecommunications, Inc (CLEC) FCC Form 481 submittal – Program Year 2018

Dear Ms. Dortch,

Hardy Telecommunications Inc. (SAC 209009) hereby submits the attached "FCC Form 481 – Carrier Annual Reporting Data Collection" pursuant to sections 54.313 and 54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

Please contact me with any questions you have on this filing.

Sincerely,



D. Scott Sherman
General Manager and CEO

Case No. 17-0500-T-GI

**Submission of
Hardy Telecommunications, Inc.-CLEC Division**

Attachment 2

FCC Form 481 – Submitted to USAC on June 9, 2017

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Scott Sherman
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	ssherman@hardynet.com
Form Type		54.313 and 54.422

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

<210> For the prior calendar year, were there any reportable voice service outages?

[illegible]

**(300) Unfulfilled Service Request
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	209009
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<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035> Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com
<300> Unfulfilled service request (voice)	<div>0</div>
<310> Detail on attempts (voice)	<div>Name of Attached Document</div>
<320> Unfulfilled service request (broadband)	<div></div>
<330> Detail on attempts (broadband)	<div>Name of Attached Document</div>

(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	205369
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048579911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		209009WV510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

**(600) Functionality in Emergency Situations
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	209009WV610.pdf

209009

HARDY TELECOMMUNICATIONS, INC.

2018

Scott Sherman

3048979911 ext.

ssherman@hardynet.com

[illegible]

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

<900> Does the filing entity offer tribal land services? (Y/N)

No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

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<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

<1000> Voice services rate comparability certification Yes

209009WV1010.pdf

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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 July 2013

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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com



Name of Attached Document

<1220> Link to Public Website

HTTP

<http://www.hardynet.net/residential/telephone/lifeline/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:



<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.

(2005) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3038979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded information for Phase I milestone reports (Round 2 for year three) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

<p>(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i></p>	<p>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013</p>
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

Name of Attached Document Listing
Required Information

<010>	Study Area Code	209009
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information <input type="text"/>
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information <input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information <input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information <input type="text"/>

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

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<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

<010>	Study Area Code	209C09
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048975911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: HARDY TELECOMMUNICATIONS, INC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/09/2017
Printed name of Authorized Officer: David Sherman	
Title or position of Authorized Officer: GM & CEO	
Telephone number of Authorized Officer: 3048979911 ext.1121	
Study Area Code of Reporting Carrier: 209009	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

209009

HARDY TELECOMMUNICATIONS, INC.

2018

Scott Sherman

3048979911 ext.

ssherman@hardynet.com

1/1/2017

<703>

[illegible]

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<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com	
<810>	Reporting Carrier	Hardy Telecommunications, Inc	
<811>	Holding Company	Hardy Telecommunications, Inc.	
<812>	Operating Company	Hardy Telecommunications, Inc.	

[illegible]

FCC Form 481 Carrier Annual Reporting – Other Attachments

Line 510 - Service Quality Standards & Consumer Protection Rules Compliance:

Consumer Protection

Voice and Broadband

Hardy Telecommunications (Hardy) complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee and Board of Directors training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

Voice

The Company complies with the service quality standards and consumer protection rules set forth by the West Virginia Public Service Commission, and within its rules and regulations as it relates to Service Quality Standards and Consumer Protection Rules. Hardy is committed to providing the highest quality service to its customers.

Broadband

Hardy generally follows the service standards noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers.

Line 610 - Emergency Operations Functionality & Capability

The Company prides itself on updating and maintaining all of its plant and equipment to prevent outages before they happen. If outages do occur, the Company has a 24-hour/7 days-a-week on call staff and alarm reporting systems in place that send the necessary notifications to the 24-hour/7 days-a-week personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality.

Absent catastrophic failure of the network or elements of it, the Company has the capability to engage in some re-routing of traffic based on what facilities are damaged. While the Company has engineered its network based on accepted industry engineering practices, changing call routing may, to some extent, permit the Company to manage traffic patterns throughout its network during emergency situations.

The Company performs exercises to test disaster preparedness on each site's back-up power systems and they are tested weekly. Major transport facilities are also tested periodically to ensure failover reliability.

The company provides the following information regarding its central office back-up battery and generator capability during electricity failures within its operating areas. The company has deployed battery back-up power in its central office that will produce an estimated twenty(20) hours of back-up power for the Company's central office. The initiation of the Company's battery back-up capability is triggered instantaneously of the network identifying the existence of a loss of power.

The Company also has a back-up gas generator that is available at its central office should it be necessary. The generator would provide an additional 100 hours of back-up power capability based on fuel capacity. Assuming the availability of fuel at the locations, the generator would provide sufficient power to operate even longer absent some unforeseen breakdown of it. Based on current contingency preparation plans, the Company estimates that the necessary generator-provided back-up power capability can be deployed and functioning within a minute of the identification of its need, well within the time frame of the estimated battery power back-up capability possessed by the Company. In addition, the Company has two portable generators that can be moved to the necessary site(s) to recharge batteries at the site(s).

Voice Service Rate Comparability

As evidenced by the data provided in line 700 of this form 481, the Company's voice service pricing is no more than two standard deviations above the national average urban rate (\$49.51) as announced by the Wireline Competition Bureau on February 14, 2017 (DA 17-167)

Lifeline Certification, Verification, and Confirmation for Determining Initial and Continuing Eligibility of
Consumers for USF Supported Lifeline Services

General Assertion/Certification:

The Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services. The Company has instituted certification and verification procedures in accordance with Section 54.416 of the rules of the Federal Communications Commission (the "FCC"). Specifically, the Company refers to any and all consumers who request USF supported services from Hardy Telecommunications to the West Virginia Department of Health and Human Resources for proper confirmation and documentation of eligibility. Hardy Telecommunications proceeds with instituting such services after the proper documentation of eligibility from the DHHR is received from the consumer.

In addition, as required by Section 54.410 of the FCC's rules, the Company obtains a valid certification form for each subscriber for whom the Company will be seeking Lifeline reimbursement. A copy of the Company's "Annual Lifeline Certification and Verification" form has been attached to the Company's submission in response to the May 1, 2012 "Commission Order" in the above referenced proceeding.

Based on the foregoing, my knowledge, information and belief, I hereby certify that the Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services, that the Company is in compliance with all federal Lifeline certification procedures, and that the Company has obtained a valid certification form for each subscriber for whom the carrier seeks Lifeline reimbursement.

Scott Sherman, General Manager and CEO of Hardy Telecommunications, Inc. and its Operating Companies

Table of Contents for Additional Supporting Documents:

- Lifeline Assistance (Guideline for Customers)
- Lifeline Assistance Certifications
- Lifeline Assistance Tariff as Currently Filed and on record with the West Virginia Public Service Commission
- Website link regarding Company's Lifeline Assistance Program:
<http://www.hardynet.net/residential/telephone/lifeline/>
- Lifeline customers MOU and additional toll charges

LIFELINE ASSISTANCE

1. Lifeline Assistance consists of a credit in the amount of \$9.25 on eligible customer's bills.
2. The Lifeline discount can apply to ANY residential service plans that provide voice telephony or broadband services.
3. In order to be eligible to receive Lifeline Assistance, the customer must certify that s/he participates in one of the following:
 - Supplemental Nutrition Assistance Program (SNAP), Mountain State Card, formerly known as Food Stamps
 - Medicaid (Mountain Health Trust)
 - Supplemental Security Income (SSI)
 - Federal Public Housing Assistance (FPHA)
 - Federal Veterans Affairs (VA) Veterans Pension or Survivors Pension
 - Income is at or below 135% of the Federal Poverty Guidelines
4. If the customer claims to qualify based on income, s/he must present acceptable documentation of the household income. Acceptable documentation of income include:
 - The prior year's state, federal, or tribal tax return;
 - Current income statement from an employer or paycheck stub;
 - Social Security statement of benefits;
 - Veterans Administration statement of benefits;
 - Retirement or pension statement of benefits;
 - Unemployment or Workers' Compensation statement of benefits;
 - Federal or tribal notice letter of participation in General Assistance; and,
 - Divorce decree, child support award, or other official document containing income information.
5. If the preceding documentation of income does not cover a full year, such as a current pay stub, the customer must present the same type of documentation covering **three** consecutive months within the previous 12 months.
6. Customer must fill out the attached Lifeline Assistance Application / Certification Form. Once the form is complete, you must print your name and sign at the appropriate places.
7. Make a copy of the form and give the customer a copy. The original is to be kept in the file.
8. A service deposit cannot be collected on an eligible customer.

LIFELINE ASSISTANCE APPLICATION / CERTIFICATION

Subscriber's Full Name _____

Full Residential Address _____

Billing Address, if different _____

Date of Birth ____ / ____ / ____ Last four (4) digits of Social Security Number _____

Is residence temporary or permanent? _____

I hereby certify, under penalty of perjury, that I am eligible to receive Lifeline Assistance for the following reason(s):
(Please check all that apply)

_____ Supplemental Nutrition Assistance Program (SNAP – Mountain State Card)

_____ Medicaid (Mountain Health Trust)

_____ Supplemental Security Income (SSI)

_____ Federal Public Housing Assistance (FPHA)

_____ Federal Veterans Affairs (VA) Veterans Pension or Survivors Pension

_____ Income is at or below 135% of the Federal Poverty Guidelines
To qualify under the income-based criteria, the number of individuals living in your household must be provided. _____

I further acknowledge, under penalty of perjury, the following requirements: (Please acknowledge by initialing each)

_____ I meet the income-based criteria for receiving Lifeline support.

_____ I will notify Hardy Telecommunications, Inc. within 30 days if for any reason I am no longer eligible for Lifeline services; or, if I am receiving more than one Lifeline benefit.

_____ I will provide my new address to Hardy Telecommunications, Inc. within 30 days of moving.

_____ I understand that Lifeline is a federal benefit and is available for only ONE service per household and, to the best of my knowledge, I am not already receiving any other Lifeline benefit.

_____ I will verify my temporary residential address every 90 days if I provided a temporary residential address.

_____ I understand that providing false or fraudulent information to receive the Lifeline benefit is punishable by law and the Lifeline service is a **non-transferrable** benefit.

_____ I understand that I may be required to re-certify my continued eligibility at any time. Failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefit.

_____ I certify that the information contained within this application / certification is true and correct to the best of my knowledge.

Customer Signature

Customer Name

Date

Hardy Employee Name

NETWORK ACCESS LINE SERVICE**LIFELINE PROGRAM**

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers the Lifeline Program to eligible low-income subscribers. The Lifeline Program is offered under the terms and conditions provided below:

1. Lifeline Program**a. General**

The Lifeline Program is a federal program offering a monthly benefit on home or wireless phone and broadband service to eligible households. The benefit can Lower the cost of monthly phone or broadband services.

b. Regulations

- 1) Unless other eligibility requirements are established by the Commission, Lifeline Assistance is available to all subscribers who participate in one of the following programs: Medicaid; Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; Supplemental Security Income (SSI); Federal Public Housing Assistance; and, Federal Veterans Affairs (VA) Veterans Pension or Survivors Pension.
- 2) Each subscriber to Lifeline Program must certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in sub-paragraph (b) (1), above, and must, on that same document, agree to notify the Company if s/he ceases to participate in the program(s). The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service Administrators.

NETWORK ACCESS LINE SERVICE

LIFELINE PROGRAM (cont'd.)	T
1. Lifeline Program (cont'd.)	T
b. Regulations (cont'd.)	
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	D
3) Eligibility for the Lifeline Program benefit shall be subject to initial and Continuing verification by one of three methods: a state verifier database; a state agency, such as the local WV Department of Health and Human Resources; or, subscriber self-certification.	C C
c. The Lifeline Program benefit provides a discount to the subscriber's monthly Phone or broadband service. The flat-rate discount available per month is \$9.25.	T T

NETWORK ACCESS LINE SERVICE

LIFELINE PROGRAM (cont'd.)

T

1. Lifeline Program (cont'd.)

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- d. The Company shall apply the baseline payments received by the administrator of the Federal Lifeline Assistance program to waive the qualifying customer's federal End-User Common Line Charge. The Company shall apply any additional Federal support amount to the qualifying subscriber's basic local exchange service rate.
- e. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.

D

Lifeline customers MOU and additional toll charges

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. Thus, lifeline subscribers have an unlimited number of local calling minutes. As for toll, lifeline subscribers, similar to every Hardy Telecommunication subscriber, are free to choose their own toll usage plans through IXC's that serve Hardy Telecommunications.

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Fri 9 Jun 17 08:18:27 AM EDT by jfrye@hardynet.com .

SAC : 209009

498 ID : 143028655

Carrier Name : HARDY TELECOMMUNICATIONS, INC.

Program Year : 2018

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

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